

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25060

1. PLACE OF DEATH

County JacksonRegistration District No. 400Township PrariePrimary Registration District No. 5553BCity Little Blue Mo.No. Jackson County Home

File No.

Registered No. 152

St.

Ward)

2. FULL NAME

(a) Residence, No. James Hughes St.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 3 mos.

ds. How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Tilda Hughes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 82</u>		
7. AGE	YEARS	MONTHS
<u>about 82</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common Laborer</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Key</u>
13. NAME <u>Don't know</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Key</u>
15. MAIDEN NAME <u>Don't know</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Key</u>
17. INFORMANT <u>Tilda Hughes</u> (ADDRESS) <u>1526 Park Ave.</u>
18. BURIAL, CREMATION, OR REMOVAL <u>Blair Ridge Lawn</u> DATE <u>7-28-34</u>
19. UNDERTAKER <u>Phyllis + Elmer Street</u> (ADDRESS) <u>1526 Park Ave.</u>
20. FILED <u>7-20-34</u> <u>William J. Fields</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>7-16-34</u>	19
22. I HEREBY CERTIFY, That I attended deceased from <u>June 12, 1934, to July 16, 1934</u> I last saw him alive on <u>July 16, 1934</u> . Death is said to have occurred on the date stated above, at <u>9 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Arterio + 92A</u> <u>Mitral Insufficiency</u> Other contributory causes of importance: <u>✓</u>	
Name of operation	Date of
What test confirmed diagnosis	Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury <u>7-16-34</u> , 19 Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>L. W. Booker</u> , M. D. (Signed) <u>7028 Vine St.</u> (Address)	

(Funeral)

